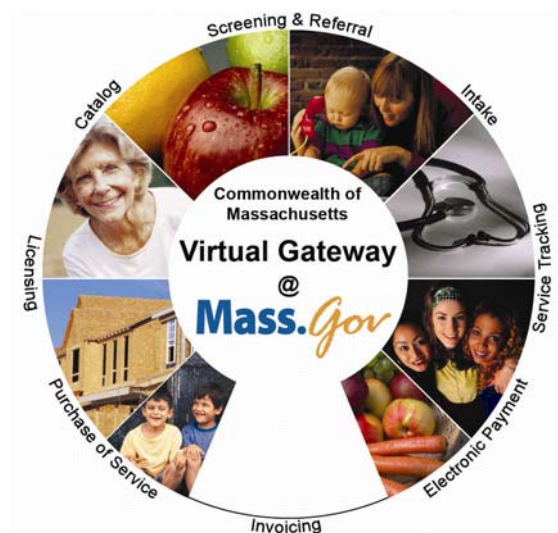




## STATE-AIDED PUBLIC HOUSING E-APPLICATION PROCEDURES,

through the Virtual Gateway at Mass. Gov



Provider Checklist

Personal Information Checklist &

Verification of Homelessness Checklist

September 2006

*To prepare for the completion and submittal of an electronic application for state-aided public housing, you need information that is applicable to you, and all household members planning to live in a state-aided public housing unit.*



**Department of Housing & Community Development  
Pre-Application  
Personal Information Checklist**

**PERSONAL INFORMATION**

**Applicant:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Provider:** \_\_\_\_\_

**PERSONAL INFORMATION NEEDED (for the applicant and applicant's household members)**

- ☐ Social Security Number, if any
- ☐ Alien Registration Number, if any
- ☐ Name(s); Date(s) of Birth
- ☐ Household income, including all jobs, (name, address and telephone number of employer, date of employment), self-employment, alimony, child support, public assistance, and any other income received within the past 30 days
- ☐ Information about assets (bank accounts including the bank name, and account number(s), certificate of deposit, real estate, stocks, bonds, etc).
- ☐ Information about expenses (shelter, utility, child care, medical insurance, medical costs).
- ☐ Information regarding residency for the past five (5) years (including landlord name, address, zip code and telephone number).
- ☐ Information regarding previous housing assistance, if any
- ☐ If a veteran of the U.S Military Service, start and end date of service
- ☐ Name, address, telephone number of Emergency Contact
- ☐ Name, address, telephone number of Household Reference

*Please gather the necessary information. Bring the information with you when you meet with your Housing Search Worker to complete an e-application for state-aided public housing. If you do not have the necessary information, it will delay the submittal of your application.*

## **HOUSING ASSISTANCE PROVIDER INTAKE WORKER (HAP) CHECKLIST for STATE-AIDED FAMILY PUBLIC HOUSING E-APPLICATION**

- ☐ HAP provides applicant with Personal Checklist and an individual General Authorization for Collection and Release of Information (Electronic Application) Rights Under c. 66A (FIPA) for the applicant and any member of the household that is 18 years of age or older or any emancipated minor and set-up a time for applicant to return to start the e-application process.
- ☐ Applicant provides information requested to HAP.
- ☐ HAP reviews, witnesses the FIPA form(s) or if HAP User cannot witness all adult household member(s) signature, then an alternate HAP person or shelter staff member can provide the witness signature and indicate N/A for User ID.
- ☐ HAP maintains the original of the FIPA form(s) in the applicant's file.
- ☐ HAP maintains copy(ies) of any information the applicant has provided in the applicant's file.
- ☐ HAP and applicant begin the e-application process.
- ☐ HAP prints the E-Application Summary, reviews it with the applicant, edits (if necessary)
- ☐ HAP and applicant sign each page of the E-Application Summary.
- ☐ Applicant signs the Statement of Rights and Responsibilities on the Electronic Signature Page, and the HAP signs as a witness.
- ☐ HAP submits the e-application on behalf of the applicant. The e-application will be delivered to all local housing authorities chosen by the applicant.
- ☐ HAP prints the Confirmation of Submittal and Next Steps. This document provides an explanation of the types of verification that are needed for priority and preference status as well as income, expenses, and assets. The HAP reviews the document with and provides it to the applicant, explaining that applicant must return with the necessary verification(s) within 14 calendar days .
- ☐ Applicant brings HAP the necessary verification(s) within the 14 calendar days.
- ☐ HAP reviews verification(s) and photo-copies the documents in sufficient quantity to send to each local housing authority to which an e-application has been submitted.
- ☐ HAP and applicant put together the necessary paper work, which includes:
  - a photo-copy of the signed E-Application Summary,
  - a photo-copy of the signed Statement of Rights and Responsibilities on the Electronic Signature Page,
  - a photo copy of the signed FIPA form(s), and
  - a photo-copy of all required verifications.
- ☐ For an e-application to be complete, the above information must be sent first class through the U.S. Postal Surface Mail to each local housing authority to which an e-application has been submitted. The postmark must be within 3 business days of the end of the 14 calendar days.
- ☐ HAP provides an addressed stamped envelope for each local housing authority.
- ☐ The HAP and the applicant ensure the required documents are placed in the envelope and mailed.
- ☐ If the applicant does not return with the necessary verifications within the 14 days, HAP must:
  - photo-copy of the signed E-Application Summary,
  - photo-copy of the signed Statement of Rights and Responsibilities on the Electronic Signature Page, and
  - photo copy of the signed FIPA form(s).
- ☐ HAP provides an addressed stamped envelope for each local housing authority.
- ☐ The HAP and the applicant ensure the above documents are placed in the envelope and mailed through the U.S. Postal Surface Mail to each local housing authority to which an e-application has been submitted. The postmark must be within 3 business days of the end of the 14 calendar days.





## CHECKLIST FOR VERIFICATION DOCUMENTS FOR HOMELESS PRIORITY STATUS

In all instances, you must be homeless as defined below:

- a. you are without or about to be without a place to live or are in a life threatening situation;
- b. you have made efforts to locate alternative housing;
- c. you did not cause or contribute to your present housing situation; (In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances); and,
- d. you have pursued ways to avoid or prevent the threatening situation

If you believe that you meet all of the items "a" through "d" then you should write a detailed explanation of the circumstances that led to your present housing situation. **It is your responsibility to prove your situation.**

When writing your explanation, you should try to detail what happened, why it happened, how you tried to prevent it from happening, what you did once it did happen, and what you have been doing since it happened. We will contact you if we need any additional information. Include names, address and relationship, if any, for each person(s) involved in the circumstances who can support your statements.

### ☐ **Priority #1 Displaced By Natural Forces**

If you can no longer live in your residence due to a fire, flood, or earthquake submit:

- ☐ **Fire:** Copy of the Official Fire Report. Report should be attested as a true copy.
- ☐ **Flood Earthquake:** Copy of official report from the Red Cross or Federal Disaster Agency (FEMA). Report should be attested as a true copy.
- ☐ **Proof** that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement; school/certification that you and your children were at the address; Registry of Motor Vehicles; Voter Registration etc.

### ☐ **Priority #2 – Homeless, Displaced By Public Action (Urban Renewal)**

If you have been displaced within the last three (3) years due to public works, urban renewal, or public usage or improvement; submit the following:

- ☐ Copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved. Notification should include legislation authority exercised and date of displacement.
- ☐ If public action is impending, notification should be sent from the public agency directly to the Housing Authority.
- ☐ Proof that you were a resident of the affected property. You should submit things as: rent receipts, copy of your lease or rental agreement.; school/certification that you and your children were at the address; Registry of Motor Vehicles; Voter Registration etc.

### ☐ **Priority #3 – Displaced by Public Action (Code Enforcement)**

If you have been displaced due to a public health agency's enforcement of local, state health codes:

- ☐ Copy of the official order of displacement due to code enforcement. Document may be known as Declaration of Condemnation and should include the specific property involved.
- ☐ A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.
- ☐ Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.
- ☐ Proof that you were a resident of the affected property. You should submit such items as: rent receipts, copy of your lease or rental agreement; school/certification that you and your children were at the address; Registry of Motor Vehicles; Voter Registration etc.

### ☐ **Priority #4 Emergency Case Category (ies)**

Applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:

- ☐ **HOMELESS**, applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the health, safety or well being of the household.
- ☐ **SEVERE MEDICAL**, applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by a lack of suitable housing or the lack of suitable housing is a substantial impediment to treatment or recovery.
- ☐ **ABUSE**, applicant is in an abusive situation.

If you feel that your situation is one or more of the above, you need to submit the following:

**HOMELESS:** If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the Housing Authority. Substandard housing conditions must be verified as indicated under Priority #3.

**MEDICAL:** reasons need to be documented by your medical records. Your doctor needs to submit written certification of your medical conditions, the contributing factors to that condition, and the prognosis of your condition directly to the Housing Authority.

**ABUSIVE:** situation needs to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please remember that if any verification appears vague, an LHA can obtain additional documentation until the LHA feels that a reasonable showing of the abusive situation has been made.

Examples of documentation could include one or more of the following:

Medical incidences  
Police report  
Court reports  
Applicant has attempted to get restraining order  
Applicant has filed charges against accused  
Legal action  
Letter from attorney stating case  
Counseling  
Psychological report  
Director, social services agency  
Last permanent address  
Changed address